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U.S. DISTRICT COURT
MID. DIST. TENN.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

Victor Burns

(Name)

291796

(Prison Id. No.)

(Name)

(Prison Id. No.)

Plaintiff(s)

v.

103 W. Park dr. #200
Cozition Inc Brentwood, TN 37027

(Name)

Dr. Calvin Johnson

(Name)

Defendant(s)

(List the names of all the plaintiffs filing
this lawsuit. Do not use "et al." Attach
additional sheets if necessary.)

Civil Action No. _____
(To be assigned by the Clerk's Office.
Do not write in this space.)

JURY TRIAL REQUESTED ☒ YES ☐ NO

(List the names of all defendants
against whom you are filing this
lawsuit. Do you use "et al." Attach
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS FILED
PURSUANT TO 42 U.S.C. § 1983

I. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: Victor Burns
Prison I.D. No. of the first plaintiff: 291796
Address of the first plaintiff: P.O. Box 24401 Tucson AZ 85734

Status of Plaintiff: CONVICTED (☒) PRETRIAL DETAINEE (☐)

2. Name of the second plaintiff: _____
Prison I.D. No. of the second plaintiff: _____
Address of the second plaintiff: _____

Status of Plaintiff: CONVICTED (☐) PRETRIAL DETAINEE (☐)

Revised 11/2014

IA

Those who make Policies for
Corizon

37027

3. B. Anderson Flatt 103 W. Park dr. #200 Brentwood TN.
4. Tracy Nolan "
5. Jonathan Walker "
6. Dr. Woodrow Myers "
7. Karen Witty "
8. Dr. Harold ORR "
9. Scott Bowers "

Those in Arizona
who Implement

- 10 Dr. Lucy Burciago P.O. Box 24400 Tucson Az 85734
- 11 Tamara Porter "
- 12 Lisa Lyons "
- 13 Angela Martinez "
- 14 Marlene Bedoya "
- 15 Debra Han "
- 16 Christina Armenta "
- 17 Dr. David Robertson, 1601 W. Jefferson Phoenix, AZ. 8507
- 18 Charles L Ryan "
- 19 Juliet Respicio-Moriarity "

Defendants, and each of them have acted under color of state law and are sued in their individual and official capacity.

(Include the name of the institution and mailing address with zip code for each plaintiff. If any plaintiff changes his or her address, he or she must notify the Court immediately. If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.)

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: Calvin Johnson
Place of employment of the first defendant: Corizon Inc.

First defendant's address: 103 W. Park dr. #200
Brentwood, TN. 37027

Named in official capacity? ☒ Yes ☐ No
Named in individual capacity? ☒ Yes ☐ No

2. Name of the second defendant: Corizon Inc
Place of employment of the second defendant: Corizon Inc.

Second defendant's address: 103 W. Park dr. #200
Brentwood TN 37027

Named in official capacity? ☒ Yes ☐ No
Named in individual capacity? ☒ Yes ☐ No

(If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, his or her place of employment, address, and the capacity in which you are suing that defendant. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide each defendant's proper name, place of employment, and address, the Clerk will be unable to serve that defendant should process issue.)

II. JURISDICTION

- A. Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (applies to state prisoners).
Jurisdiction is also invoked pursuant to 28 U.S.C. § 1343(a)(3).

If you wish to assert jurisdiction under different or additional statutes, you may list them below:

Arizona and Tennessee Constitutions by
Voluntarily doing business in Tennessee, Defendants
consent to this courts Jurisdiction

III. **PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)**

- A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuit(s) in the United States District Court for the Middle District of Tennessee, or in any other federal or state court? ☐ Yes ☒ No

- B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs _____

Defendants _____

2. In what court did you file the previous lawsuit? _____

(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)

3. What was the case number of the previous lawsuit? _____

4. What was the Judge's name to whom the case was assigned? _____

5. What type of case was it (for example, habeas corpus or civil rights action)? _____

6. When did you file the previous lawsuit? (Provide the year, if you do not know the exact date.) _____

7. What was the result of the previous lawsuit? For example, was the case dismissed or appealed, or is it still pending? _____

8. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.) _____

9. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit? ☐ Yes ☐ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

IV. EXHAUSTION

A. Are the facts of your lawsuit related to your present confinement?

☒ Yes ☐ No

B. If you checked the box marked "No" in question III.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain. _____

C. Do the facts of your lawsuit relate to your confinement in a Tennessee state prison?

☐ Yes ☒ No

(If you checked the box marked "No," proceed to question IV.G. If you checked the box marked "Yes," proceed to question IV.D.)

D. Have you presented these facts to the prison authorities through the state grievance procedure? ☒ Yes ☐ No

E. If you checked the box marked "Yes" in question III.D above:

1. What steps did you take? APPEAL TO DIRECTOR

2. What was the response of prison authorities? NO RELIEF.

F. If you checked the box marked "No" in question IV.D above, explain why not. _____

G. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)? ☐ Yes ☒ No

H. If "Yes" to the question above, have you presented these facts to the authorities who operate the detention facility? ☐ Yes ☐ No

I. If you checked the box marked "Yes" in question III.H above:

1. What steps did you take? _____

2. What was the response of the authorities who run the detention facility? _____

J. If you checked the box marked "No" in question IV.H above, explain why not. _____

V. CAUSE OF ACTION

Briefly explain which of your constitutional rights were violated:

Violation of Eighth Amendment, cruel and unusual
punishment under Arizona and Tennessee
Constitutions.

VI. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ inch x 11 inch paper. Write on one side only, and leave a 1-inch margin on all 4 sides.

① Policies formed in TN: Johnson, Flatt, Nolan, Walker,
Myers, Witty, Orr, Bowers have formed the policy of
Corizon to delay, deny treatment of inmates with
serious medical needs to save money

② Policies of ADOC: Ryan as director of ADOC has
exactly the same policy that Corizon has. This is
why Ryan gave Corizon the contract to provide
inmates with health care.

5A

My serious medical needs

- ③ I have Valley Fever and HIV/AIDS and this is life threatening.
- ④ Armenta and Burciago are not qualified to treat my serious medical needs
- ⑤ I am in a great deal of pain that is unbearable
- ⑥ They have delayed referring me to see the Infectious Disease specialist.
- ⑦ Though a licensed Nurse Practitioner Armenta lacks the necessary experience to treat serious medical needs.
- ⑧ Corizon and Burciago hired Armenta because she is able delay, deny, and defer treatment for serious medical needs, so that Corizon can make a profit.

5B

- ⑨ I have a J-Tube which was dislodged
- ⑩ Though not qualified Martinez had me handcuffed and yanked the J-Tube. I was in a great deal of pain.

SB

Cover up

- (11) Under Schilleman I am allowed to file emergency complaints for serious medical needs
- (12) I filled a complaint as I am in pain and Martinez refused to consider it.
- (13) Ham does not have the authority to refuse to process these complaints to cover up for Martinez, she refused to process it.

SC

Ratification

- (14) Burciago, Porter, Lyons, Bedoya, Robertson, Respicio-Moririty and each of them for non-medical reasons due to the policies in 1 and 2 above ratifies the infliction of pain and denial of treatment for my serious medical needs I describe above by refusing to treat me and covering up the misconduct of Martinez.
- (15) Defendants and each of them had the authority and duty to ensure that I am not inflicted cruel and unusual punishment. Acting with deliberate ~~indiffer~~ indifference to my serious medical needs, pursuant to the policies in 1 and 2 denied and delayed treatment for my ~~serious~~ serious medical needs. They tried to cover this up.

VII. **RELIEF REQUESTED:** State exactly what you want the Court to order each defendant to do for you.

I request treatment, damages of 2 million ^{dollars} ~~dolla~~ each and an order that Han and Martinez be ~~disciplon~~ ~~disciplid~~ disciplined, cost, and fees.

I request a jury trial.

☒ Yes

☐ No

VIII. **CERTIFICATION**

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: [Signature] Date: 4-12-16

Prison Id. No. 291796

Address (Include the city, state and zip code.): P.O. Box 24401
ASPC-Tucson-Manzanita Tucson AZ 85734

Signature: _____ Date: _____

Prison Id. No. _____

Address (Include the city, state and zip code.): _____

ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT, and provide the information requested above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT AND (1) THE REQUIRED FILING FEE OR (2) COMPLETED APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES AND COSTS TOGETHER.

Complaints received without the required filing fee or application to proceed without prepayment of fees will be returned. Filing fees and applications to proceed without prepayment of fees submitted without a complaint will be returned.